



# Form PWH-WA

## Performer or Performing Entity Withholding Allocation Form

Massachusetts  
Department of  
Revenue

**Withholding agent:** Fill in your name and name of performer or performing entity. Provide this form to each performer and performing entity you have a contract with. Keep a copy for your records.

**Performing entity:** Fill in your name and name of each member or participant. Provide this form to each member or participant. Keep a copy for your records.

**Member or participant:** Enclose this form with your completed Form 1 or Form 1-NR/PY.

**Do not enclose** this form with, or claim the payment being submitted with it, on your corporate excise tax return.

Name of designated withholding agent

Massachusetts Tax Registration number

Address

City/Town

State

Zip

Name of performer or performing entity

Social Security or Federal Identification number

Address

City/Town

State

Zip

Name of member or participant

Social Security or Federal Identification number

Address

City/Town

State

Zip

Name of venue

Date(s) of performance

**1** Income subject to withholding ..... **1**   
**2** Total Massachusetts tax withheld ..... **2**